



Co-Occurring Mental Health & Substance Abuse Disorders

Knowledge Synthesis,
Product Development,
& Technical Assistance

www.coce.samhsa.gov

Co-Occurring Disorders and Justice-Involved People

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- **On June 30, 2005, approximately 7 million people were under correctional supervision in the U.S.**
 - **Jail: 747,529**
 - **Prison: 1,446,269**
 - **Probation: 4,162,536**
 - **Parole: 784,408**

**In 2005, there were 14 million bookings into
U.S. jails.**



Prevalence of Current Substance Abuse Among Jail Detainees with Severe Mental Disorders

	Males		Females	
Disorder	Alcohol Abuse/ Dependence	Drug Abuse/ Dependence	Alcohol Abuse/ Dependence	Drug Abuse/ Dependence
Schizophrenia	59%	42%	56%	60%
Major Depression	56%	26%	37%	57%
Mania	33%	24%	39%	64%
Any Severe Disorder	58%	33%	40%	60%

Detainees with severe
mental disorder plus either
alcohol or drug
abuse/dependence

= 72%

= 72%

Adapted from: Abram, K.M. and Teplin, L.A. "Co-Occurring Disorders Among Mentally Ill Jail Detainees: Implications for Public Policy." *American Psychologist*, 46(10):1036-1045, 1991 and Teplin, L.A. "Personal Communication."

Policy Research Associates, Inc.

6/17/98

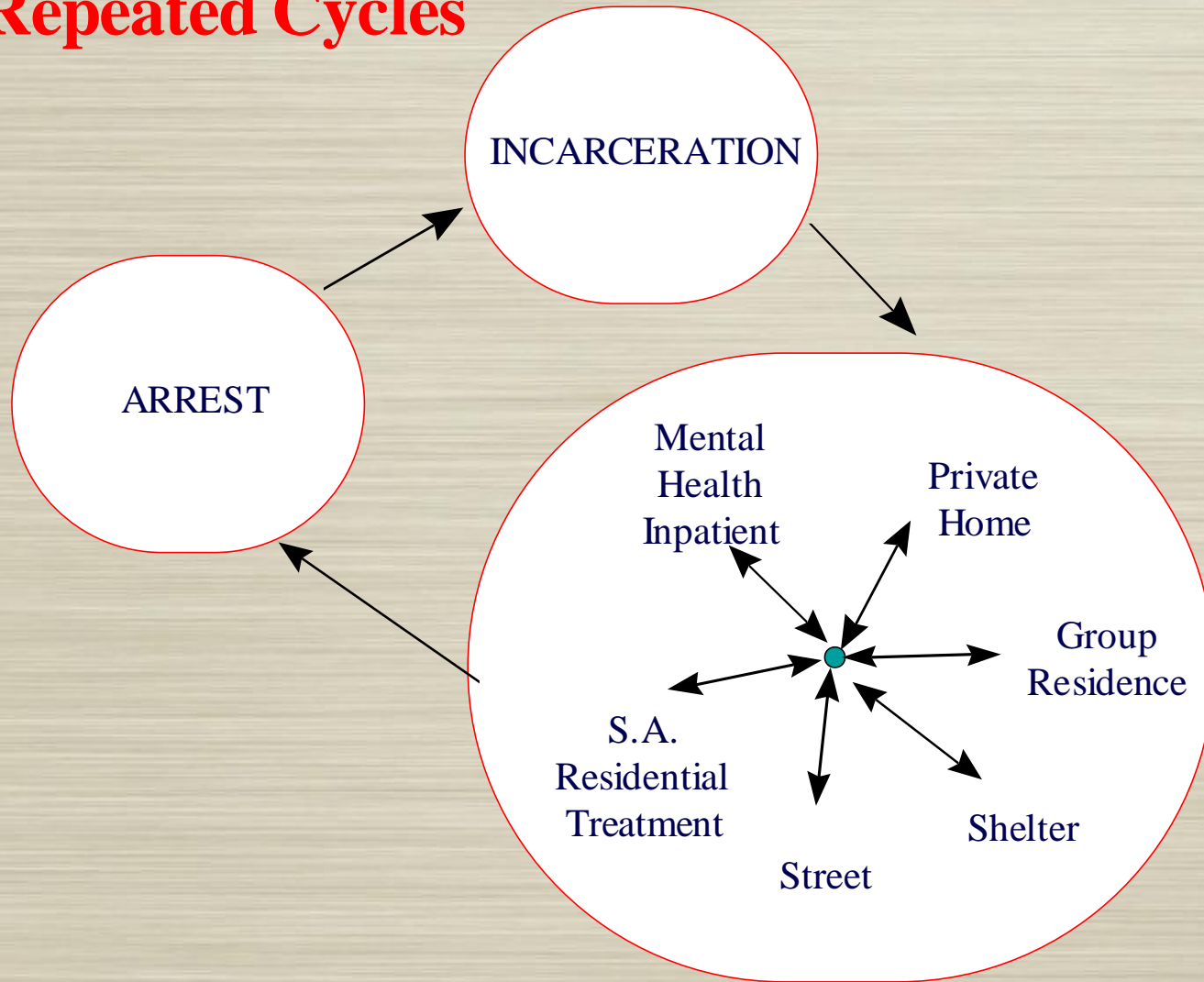
Trauma History

Interview Data (n=978)

	Percent Experiencing Lifetime	Percent Experiencing in Last 12 Months ¹
Witness of Violence	65.4%	31.7%
Sexual Abuse	55.2%	31.7%
Physical Abuse	90.2%	65.2%
Any Trauma	94.0%	64.7%
Any Abuse	92.9%	61.1%

1 – For Those Respondents Experiencing Trauma in Lifetime

Repeated Cycles



**“Treatment-Resistant”
Clients**

OR

**“Client-Resistant”
Services**

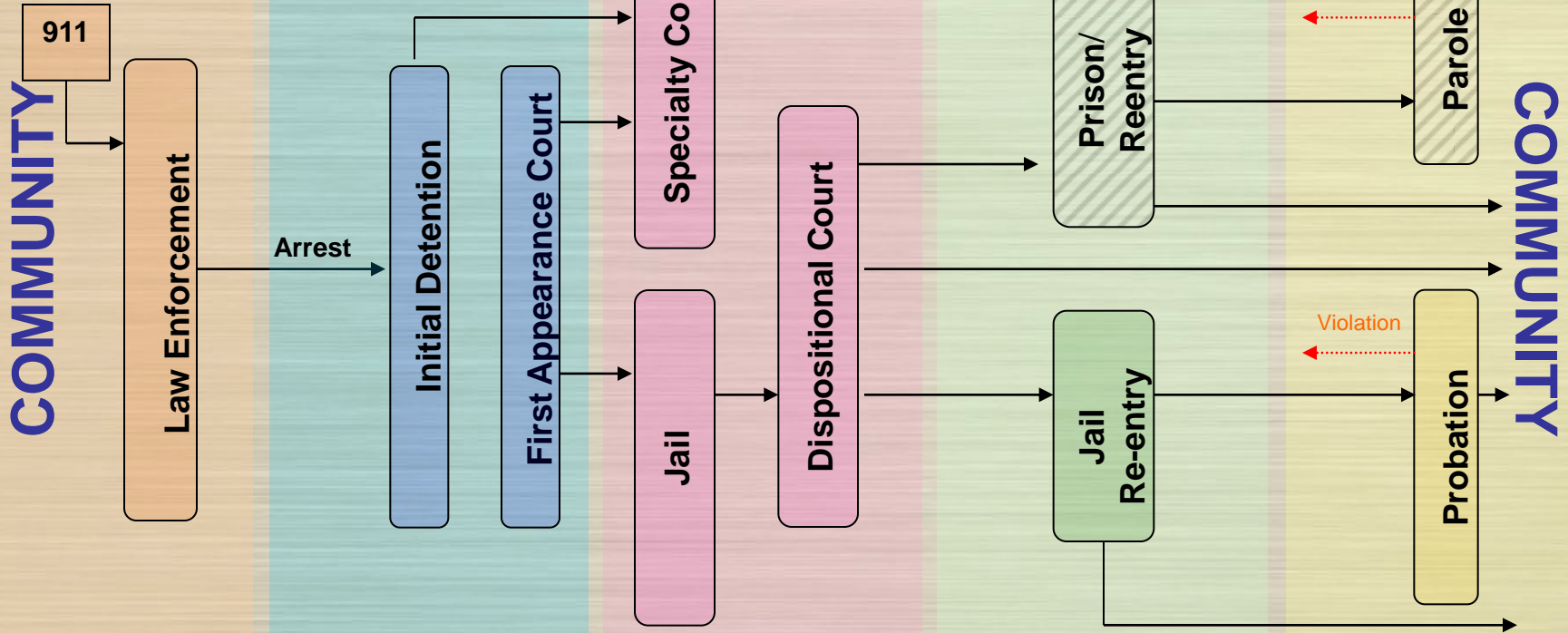
Intercept 1
Law
enforcement

Intercept 2
Initial detention /
Initial court
hearings

Intercept 3
Jails / Courts

Intercept 4
Reentry

Intercept 5
Community
corrections



Data on IDDT*

- Critical features of all IDDTs have been identified as the capacity to conduct state-of-the-art assessments followed by combinations of individual, group, and family treatment modalities (Mueser et al., 2003)
- Drake and colleagues reviewed 36 studies on the effectiveness of integrated treatment for persons with SMI and co-occurring substance use disorders
- Rates of stable remission of substance abuse were higher; rates of substance use in general were lower and some support for reduced arrests were found in the integrated programs

** Integrated Mental Health/Substance Abuse Response to Justice-Involved Persons with Co-Occurring Disorders, Fred Osher, GAINS Center, 2005*

PDF File (www.gainscenter.samhsa.gov)

Data on IDDT & Justice-Involved Persons*

- They concluded that integrated treatment, when delivered over a sufficient length of time (18 months was proposed) to persons with SMI, result in significant reductions of substance use and improvement in a range of other outcomes

** Integrated Mental Health/Substance Abuse Response to Justice-Involved Persons with Co-Occurring Disorders, Fred Osher, GAINS Center, 2005*

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IDDT & Recidivism

- There is little data to inform the discussion on the impact of IDDT on public safety outcomes for justice-involved persons with COD
- Forensic dual diagnosis clients often have less psychosis, more depression, more trauma, more childhood conduct disorder, more adult antisocial personality disorder, more violent behavior, and more severe substance abuse than the typical dual diagnosis study samples.

Drake, R.E., Morrissey, J.P., Mueser, K.T. The challenge of treating forensic dual diagnosis clients: Comment on "Integrated Treatment for Jail Recidivists with Co-Occurring Psychiatric and Substance Use Disorders." Community Mental Health Journal 42, 427-432.

Substance abuse treatment, integrated or non-integrated, sometimes has little effect on criminal behavior over many years...These clients may need a specific intervention, such as cognitive behavioral treatment, that addresses their antisocial behavioral tendencies.

Drake, R.E., Morrissey, J.P., Mueser, K.T. The challenge of treating forensic dual diagnosis clients: Comment on "Integrated Treatment for Jail Recidivists with Co-Occurring Psychiatric and Substance Use Disorders." Community Mental Health Journal 42, 427-432.

Merely extending integrated dual disorders treatment or assertive community treatment to this population without focusing an intervention specifically on the criminal behavior is unlikely to succeed.

Drake, R.E., Morrissey, J.P., Mueser, K.T. The challenge of treating forensic dual diagnosis clients: Comment on "Integrated Treatment for Jail Recidivists with Co-Occurring Psychiatric and Substance Use Disorders." Community Mental Health Journal 42, 427-432.



Modified TC for MICA Offenders*

Sample: N=185

Site: San Carlos Correctional Facility, Pueblo, CO

Design: Random assignment to MTC (N=92) or MH (N=93)

Programs:

- MTC – Cognitive-based to change attitudes and lifestyles on SA, MI, and criminal thinking
- MH – Intensive services of meds, individual therapy, counseling, and specialized groups
- Post-Prison MTC – 20 bed TC-oriented residential

* Sacks, S., Sacks, J. Y., McKendrick, K., Banks, S., Stommel, J. (2004) Modified TC for MICA Offenders: Crime Outcomes. *Behavioral Sciences and the Law* 22, 477-501.

Modified TC for MICA Offenders Results

	MTC	MH	p value
Subsequent Incarceration	9%	33%	<.001

Modified TC for MICA Offenders Results

	MTC + Aftercare	MTC	MH	p value*
Subsequent Incarcerations	5%	16%	33%	<.02
Subsequent Criminal Activity	42%	53%	67%	<.05
Subsequent CA Related to Alcohol and Drug Use	30%	44%	58%	<.03

- * MTC + Aftercare compared to MH
- MTC only NS compared to MH

Co-Occurring Disorders and Justice-Involved People

Treatment Considerations

Merrill Rotter, M.D.

Community Forensic Treatment Principles

- Clear treatment goals
- Liaison with CJ agencies
- Comfort with authority
- Need for structure
- Supervision
- Outreach services
- Violence risk management
- Supportive and structured living arrangements
- Family involvement

Lamb, Weinberger, Gross 1999

BUT - WHAT TREATMENT?



Co-occurring Treatment: SAMHSA Evidence-based Practices

- Illness Management and Recovery
- Integrated Treatment
- Assertive Community Treatment
- Supported Employment
- Family Psycho-education
- Many adapted/implemented in CJ Populations
 - Primary treatment focus Mental Illness, Substance Abuse
 - **NOT CJ Contact**



The Weird News

- Decreased re-arrest NOT related to decreased symptoms (measured by CSI)
 - Steadman
 - Group with 2 or more subsequent arrests had largest symptom reduction
 - Primary predictor of subsequent re-arrest was criminal history
 - Skeem
 - No difference in symptom reduction
 - Between specialized and routine probation
 - No difference in symptom reduction distribution
 - Between re-arrested and not re-arrested group

CJ contact is not only about MI

- Jurginger (2006)
 - 4% MI direct
 - 4% MI indirect
 - 25% SA direct or indirect
- Peterson (2009)
 - 7% “Active psychotic”
 - 90% “Emotionally disturbed,” ie. hostile/impulsive
- Fisher (2000)
 - No decreased jail MI prevalence in Mass. County with increased MH services



CJ Recidivism-Focused Principles

- Risk
 - Focus on High Risk Individuals
- **Need**
 - **Treatment focus**
 - **Recidivism factors**
- Responsivity
 - Treatment delivered in setting and manner in which clients can respond

Andrews, 2006

Need: The Big Eight

- History of antisocial behavior
- Antisocial personality pattern
 - Pleasure seeking, restless, aggressive
- Antisocial cognitions
 - Attitudes supportive of crime
- Antisocial Associates
- Family support
- Leisure Activities
- School/work
- Substance Abuse

Andrews (2006), Lamberti (2007)

The Big Eight Overrepresented in MI

- General and specific recidivism risk higher
(Skeem, 2008)
 - Antisocial personality pattern
- 5/8 PICTS items higher in state hospital subjects
(Carr, 2008)
 - Antisocial cognitions, such as externalization, rationalization and entitlement



Community Forensic Treatment

- Clear treatment goals
 - *Treating the Big Eight*
 - *Engagement*
- Liaison with CJ agencies
- Comfort with authority
- Need for structure
- Supervision
- Outreach services
- Violence risk management
- Supportive and structured living arrangements
- Family involvement

Lamb, Weinberger, Gross 1999

Treating The Big Eight

- History of antisocial behavior
- Antisocial Associates
 - *Supervision Issue: People, Places, Things*
- Family support
 - *Family Psycho-education*
- Leisure Activities
 - *IMR*
- School/work
 - *Supportive Employment*
- Substance Abuse
 - *Integrated Treatment*
- **Antisocial personality pattern**
- **Antisocial cognitions**

Cognitive-Behavioral Treatment

- Cognitive focus
 - Internal mental processes
 - Behavior follows thought
 - Beck, Ellis
- Behavioral focus
 - External behavior
 - Behavior is all; thought does not matter
 - Pavlov, Skinner



Traditional Cognitive-Behavioral Treatment

- Cognitive
 - Changing thinking
 - Automatic thoughts
 - Disputation
- Behavioral
 - Skills training
 - Role Playing
 - Desensitization
- Symptom relief
 - Anxiety
 - Depression

Cognitive-Behavioral Adaptations CJ-Involved Populations

- Intrapersonal (symptom relief)



- Interpersonal (skills building)
 - Problem Solving
 - Community Responsibility
- Engagement Challenges
 - Motivation
 - Motivational Interviewing
 - CJ culture Adaptation
 - SPECTRM RAP Intervention

Cognitive-Behavioral Adaptations General Components

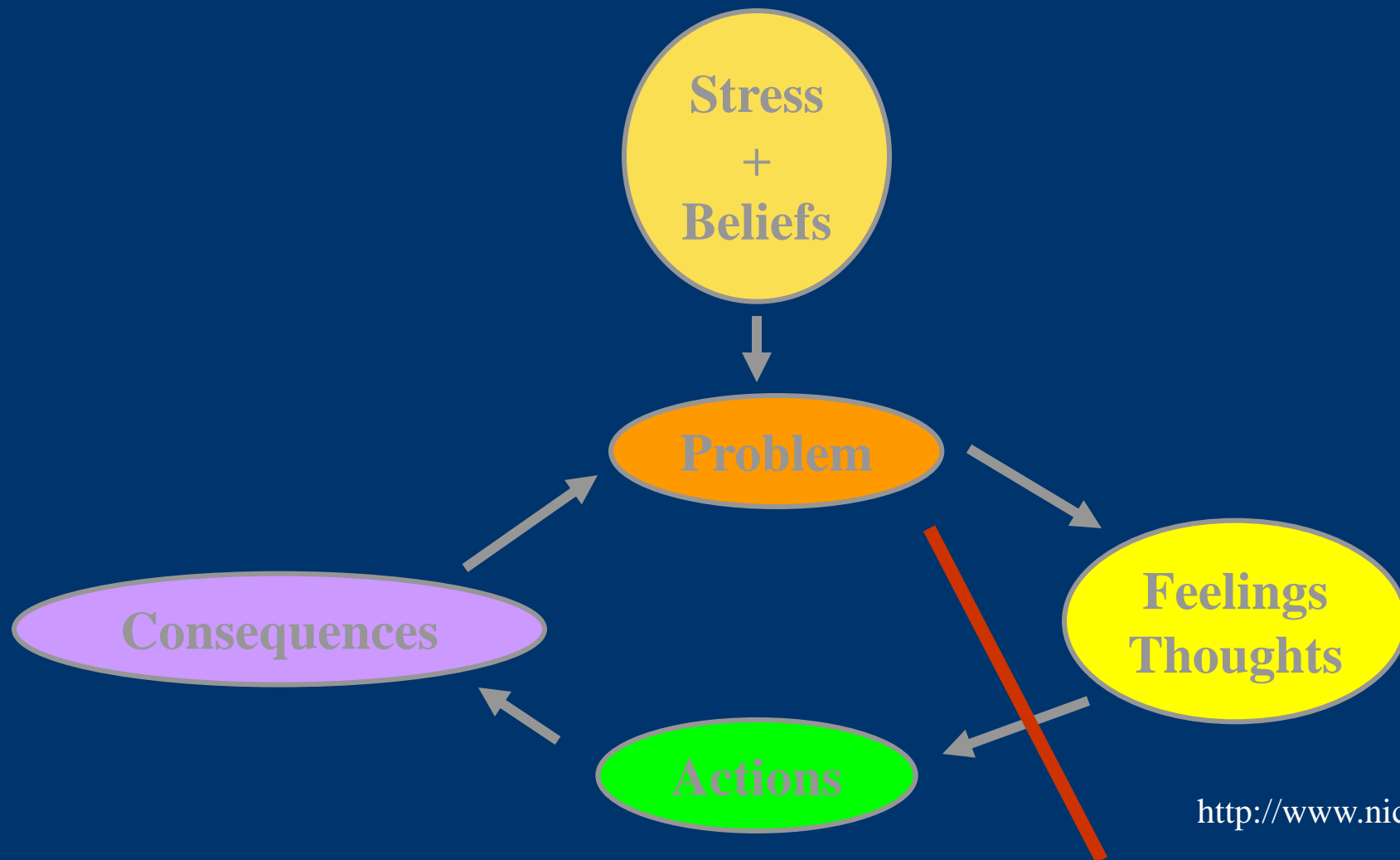
- Introspection
- Cognitive Restructuring
 - Problem Solving
 - Identification of cognitions
 - Cost-benefit analysis
- Social Skills
- Moral Reasoning
- Didactic Education
- Modeling
- Role Playing
- Written Work



Cognitive-Behavioral Adaptations Outcomes

- Meta-analysis: 8.2% reduction in re-arrest (Aos, 2006)
- Confounds
 - Study variable
 - Controlled vs. naturalistic
 - Program Fidelity
 - Recidivism-related variables
 - Rearrest vs. Reconviction vs. Reincarceration
 - High vs. low risk offender
 - Intensity and length of intervention
 - Clinical variables
 - Trauma
 - ***Mental Illness***

Thinking for A Change (T4C) National Institute of Corrections



Adaptations for Mentally Ill Offenders

- Mental Health Intervention Adaptations
- Criminal Justice Intervention Adaptations

MH Intervention Adaptations For CJ Pop.

- Target symptoms (Gallietta, 2008)
 - Frustration intolerance
 - Social skills
 - Misperception of environment
- Examples
 - Forensic DBT (Rosenfeld, 2009)
 - Jail - decreased anger, aggression and incidents
 - Community - decreased re-arrests in stalker-focused program
 - Schema-focused Therapy (Bernstein, 2009)
 - Forensic hospital - earlier release approvals

Criminal Justice Intervention Adaptations

- ***Reasoning and Rehabilitation***
 - Manhattan Psychiatric Center STAIR Program
- Moral Reconciliation Therapy
 - Bonneville County Mental Health Court (Idaho)
- Lifestyle Change
 - NYC TASC Mental Health Diversion Program (Brooklyn)



Reasoning and Rehabilitation

- Problem Solving
- Social Skills
- Negotiation Skills
- Managing Emotions
- Creative thinking
- Values Enhancement

Program and 1 year Post Release Outcomes of CST (R&R) Participants

	General Population % (n=1444)	Psychiatric Population % (n=32)	Waiting List Controls % (n=366)
Program Drop out	16.9	17.2	
New Readmission	46.9	29.2	51.4
New Conviction	21.3	4.2	24.3
Actuarial risk high	50.6	51.7	53.4

- R & R plus
 - Comprehensive Assessment
 - Pharmacologic Consultation
 - Token Economy
 - Follow-up Community Case Management
- Outcome (n=85 completers)
 - 6 month re-arrest rate: 20%
 - 1/3 re-arrests for violent offense
 - Caveats
 - approx. 50% did not complete program
 - 35 patients re-hospitalized at some point



Engagement

- Motivation
 - Motivational Interviewing
- Incarceration Acculturation
 - SPECTRM RAP Intervention



- Client Empowerment
 - Holistic Approach
 - Engaging the person, not the patient
 - Meeting the client where he is
- Collaborative Problem Solving
 - Specialized Probation



Motivational Interviewing

- Principles
 - Stages of change
 - Elicit change statements
 - Expressing empathy, Avoiding arguing, Working on ambivalence
- Outcomes - CJ Population
 - Retention
 - Other enhancers may be more helpful
 - Improve motivation to change
 - Change behavior
 - Substance Abuse
 - Decreased reconvictions

SPECTRM RAP Intervention

Those of us who do assessment research in correctional settings must continually remember that we are dealing with *atypical, highly biased samples of people exposed to massive situational influences specifically designed to alter their attitudes, personality and behavior*. Incarceration is a massive intervention that affects every aspect of a person's life for extended periods of time.

Megargee, 1995



SPECTRM RAP Intervention

- Principles

- Distrust of staff
- Hypervigilance
- Mind your business



Anti-authoritarianism
Paranoia
Depression

- Research foundation

- Incarceration acculturation negatively associated with working alliance
 - Even when controlling for acute symptoms and psychopathy

Purpose of the RAP Group

- Promote Cultural Re-adaptation by
 - Developing trust through shared experience
 - Challenging prison and jail attitudes
 - Introducing new problem solving skills

SPECTRM RAP Interventions

■ CONNECTING

■ War stories

- Be willing to listen and learn: Where were you and what was it like?

■ EXPLORING

■ Psycho-Education: Setting Differences and Similarities

- Be aware of differences and similarities in the CJ and clinical cultures: What are the cues?

■ CHANGING

■ Cognitive Behavioral Technology: Script and Disputation

- Is it working for you here?



Treatment Considerations Summary

- Good News
 - Jail Diversion - (Steadman, 2009)
 - Decreased arrests and symptoms
 - Specialized Probation - (Skeem, 2009)
 - Decreased re-arrests and revocation
- Community Forensic Treatment
 - Problem solving approach to supervision and treatment
 - Engages the person
 - Collaborative
 - Teaches skills